U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2389	2. Fiscal Year Covered From:				
	7/7/04 Through: 12/31/04				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name STANIEY W LEDOT	Name I.B.EW. LU. 246				
	Labor Organization File Number 641-617				
P.O. Box, Bidg., Room No., if any 863	P.O. Box, Building and Room Number, if any 626 No元나 남자				
Street STATE Rate 152	Street Worth 473				
City Dillowvale	city STRUBENU:11e				
State OH:0 ZIP Code + 4 43917	State 0H.0 ZIP Code + 4 U3952				
5. Position in labor organization. EXAMINA BOARD					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
	7.b. Amount.				
Street					
City					
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
Signed Stan 4	on 7-7-05 (740)-733-7141				
Form I M-30 (2003)	Date Telephone Number				

Name of Person Filling STANLEY W LEPUT	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Steubenville Joint Apprendice training Committee Trade Name, if any: STA+C P.O. Box, Bldg., Room No., if any Street 626 North Court Street City Steubenville State Ohio ZIP Code +4 43952	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Steubenville Toint Apprentice Training Committee Trade Name, if any: SIA tC P.O. Box, Bldg., Room No., if any Street 626 North Court Street City Steubenville State Ohio ZIP Code +4 43952	11.a. Nature of such dealing. INSTRUCTOR WAGES \$6774.co INSTRUCTOR SUPPLIES \$96.00 GRADUATION DINNER \$100.00 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	± 6970.00			
	12.b. Amount.				
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any					
Street City ZIP Code + 4					